

April 15, 2003

Re: Medical Dispute Resolution
MDR #: M2-02-0776-01
IRO Certificate #: 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This 30-year-old male complained of low back pain with right lower extremity radiation, numbness, tingling and weakness in his right lower extremity following an on-the-job injury on _____. On 12/18/01, he was diagnosed with "lumbar disc displacement," and medication, physical therapy and epidural steroid injections (done 01/02/02 and 01/07/02) at the L3-4 and L4-5 levels were recommended.

The patient's symptoms persisted despite this treatment. On 02/19/02, Neurontin 300 mg orally, three times daily was added, and a myelogram with post-myelography CT scan was recommended. FCE on 07/26/02 suggested that the patient was unable to return to the physical demands of his previous job.

On 08/22/02 a myelogram with post-myelogram CT was done. On 09/03/02, the patient was examined again and the myelogram and CT findings were discussed. A discogram at three lumbar levels was recommended to pinpoint the most likely level or levels causing the patient's back pain and right lower extremity sensory and motor complaints.

Disputed Services:

Myelogram with post-myelogram CT.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the myelogram with post-myelogram CT is medically necessary in this case.

Rationale for Decision:

This patient has back and right lower extremity pain with a persistent neurological deficit, confirmed by clinical and neurodiagnostic testing, and FCE. It is not unusual that the x-ray and myelogram findings in such a case would be less than 100% diagnostic.

The treating physician has pursued a conservative course of management, with proper surgical judgment in his efforts to confirm definitely the presence of one or more levels of disc injury consistent with the symptoms and findings, before proceeding with surgery.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on April 15, 2003

Sincerely,